

Student Information System Access Agreement

Access to the Hampton City Schools (HCS) student information system requires that you understand and agree to abide by all regulations and state and federal laws protecting student information. Please indicate your understanding of and agreement to each of the statements below.

* Required

1. Email address *

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2. I understand that any access to student information must be related to my work with HCS students. *

Check all that apply.

Yes

3. I understand that I am not to access information on any student other than students with whom I work. *

Check all that apply.

Yes

4. I understand that all aspects of student records must be considered confidential and may not be shared without permission. *

Check all that apply.

Yes

- 5. I understand that any unauthorized use or release of student information may result in disciplinary or legal action, the cost of which will be my responsibility. *

Check all that apply.

Yes

- 6. By typing your name in the box below, you are submitting your electronic signature, agreeing to limit your access to records needed in the official discharge of your duties and to maintain the confidentiality of all student records. *

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- 7. Your full name: *
(Last name, first name)

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- 8. Your HCS e-mail address: *

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- 9. Please indicate for what purposes you require access to student information: *

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- 10. Who is your HCS immediate supervisor *

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